

Proof of Claim: <CLAIM NUMBER>

Claimant: <CLAIMANT NAME>

Abdulia Alice Dapena

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail or hand delivery to the following address:

Commonwealth of Puerto Rico Supplemental Information Processing Center
c/o Prime Clerk, LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☐ A pending or closed legal action with or against the Puerto Rican government
- ☒ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed;

Supervisora II-Dieta en Hogar Geriátrico - Los Diamantes del Municipio Autónomo de Ponce Estado Libre Asociado de P.R.

3(b). Identify the dates of your employment related to your claim:

Desde el 16 de julio de 1971 hasta el 31 de diciembre de 1997

3(c). Last four digits of your social security number:

6051

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Re: Obdulia Alicea Dapena
Teléfono: 787-837-3913

Dirección: HC 3 Box 15441
Juana Díaz, P.R.
00795

Número de Reclamación: —

Fecha de Presentación: 23 de junio de 2020

Deudor: Commonwealth of Puerto Rico

Por este medio le estoy incluyendo con mi reclamación presentada el 23 de junio de 2020 lo siguiente:

(1) Evidencia de que trabajé para El Municipio Autónomo de Ponce, en el Hogar Geriátrico Los Diamantes de Ponce, como Supervisora de Dietas II + desde el 16 de julio de 1971 hasta el 31 de diciembre de 1997. (ver evidencia Adjunta.)

(2) El monto adeudado en mi reclamación es de \$ 54,000.00

Muchas gracias por la pronta atención.

Cordialmente,

Obdulia Alicea Dapena
Obdulia Alicea Dapena

23 de junio de 2020
Fecha: